

SERIAL NUMBER 09/356,119	FILING DATE 07/16/99	CLASS 439	GROUP ART UNIT 2839	ATTORNEY DOCKET NO. SNS-007CN(72
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APPLICANT  
GUY RODOMISTA, MARLBOROUGH, MA; ANDREW ZIEGLER, ARLINGTON, MA;  
WILLIAM A. GOODWIN, BOSTON, MA; CLIVE BOLTON, ANDOVER, MA; THOMAS H.  
MASSIE, WINDHAM, NH; R. MICHAEL LOHSE, CAMBRIDGE, MA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*** *Yes*  
VERIFIED PROVISIONAL APPLICATION NO. 60/093,300 07/17/98

*JP*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*** *None*  
VERIFIED

*JP*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\*** *None*  
VERIFIED

*JP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/06/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
Verified and Acknowledged <i>JP</i> Examiner's Initials _____		Initials _____			

SEE CUSTOMER NUMBER: 021323

FORCE REFLECTING HAPTIC INTERFACE

FILING FEE RECEIVED \$661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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